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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Docket Number 8		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	OR	OTHER THAN OR SMALL ENTITY	
FOR NUL			RFEED	NUMBE	NUMBER EXTRA .		RATE	FEE		RATE	FE.E
	C FEE FR 1.16(a))							s	OR		s
TOTA	L CLAIMS .		mtnus 20 =				x s=		OR ·	x s_ =	
(37 CFR 1.18(c)) INDEPENDENT CLAIMS		AS							OR	X \$ =	
(37 CFR 1.16(b)) minus 3 = .					-	x s=		j			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						L	+ \$=		OR	+\$=	
° If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	Ĺ
CLABAS HIGHEST REMAINING NUMBER				(Column 3) PRESENT	Ιſ	SMALL E	ADO1-	OR	OTHEF SMALL RATE	ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		· 	TIONAL FEE
	Total (37 CFR 1.16(4)	23	Minus	76	H	╽┟	x \$=		OR	x s=	
	(37 CFR 1,16(b))	: 5	Minus	- 5	<i>H</i>		x \$=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR ,	+\$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Cotumn 1)		(Catemn 2)	(Catuma 3)				. :		· .
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		.RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(cl)	•	Minus	••	Ξ	1 [x \$=		OR	X \$=	
	independent (37 CFR 1.16(b))	·	Minus		=	1	x s =		OR	x \$=	
AM	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1 1	+s . =		OR	+s =	·
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
١.		(Column 1)		(Column 2)	(Column 3)		•		-		
N.T.		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY -PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDF TIONAL FEE
AMENDMEN	Total car off 1.16(d)	•	Minus	•	E	1 [x.\$=	.*	OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	1	x \$=		OR	x s=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					11	+5 =		OR .	+ 5. =	
					ı L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the Nighest number found in the appropriate box in column 1.											
This a	The "fighest Number Previously Paid For" (Total or independent) is the highest number touted in the appropriate box of countries. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the										

Inst collection of information is required by 37 CFR: 1.10. The information is required by considering and profession. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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